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advanced to the stage that compelled the patient to be kept continually in bed. At this time, in addition to the exaggerated knee-jerks, it was noticed that tapping of either patellar tendon was associated with a contraction over the outer and upper part of the opposite thigh in front. This crossing occurred with both knee-jerks; but on tapping the left patellar tendon, the contraction on the right thigh was more marked than that on the left thigh, which followed tapping of the right patellar tendon. That this was not due to what Ross calls the "physical diffusion of vibration" was, Cottam thinks, shown by the fact that the contractions could be plainly felt as well as seen, and also that the crossed contractions, which could almost always be elicited, occurred after the ordinary reflex. Again, the plantar reflexes were faint, but associated with the same phenomenon, the "crossed contractions" occurring in the same locality as in the case of those following the knee-jerks. "Front tap" contractions could be obtained, and these also brought out a precisely similar "crossed contraction." Ankle-clonus was faintly present, and there was not any crossing. Of the other reflexes, none of which showed any associated crossing, the interscapular, abdominal, and epigastric were absent, the gluteal brisk, cremasteric faint, and the pupillary sluggish. No autopsy could be obtained. Prevost, who has reported a similar case of crossed reflexes, regarded the crossing as due to the physical diffusion of the vibration, for he found that "section of all the nerves and posterior nerve roots of one limb of an animal does not abolish this crossed contraction." With regard to the two theories regarding the nature of the knee-jerk, Cottam considers that his case is an argument in favor of the theory that holds the knee-jerk "to depend on a centre in the spinal cord," as against the theory that the "contraction of the quadriceps is due to local irritation of the muscles from sudden elongation," and he asks how we are to account for the contraction in the opposite limb if the contraction depends on local muscular irritation. He denies the probability of any vibration, and thinks that the only diffusion that occurred was from the one to the other side of the spinal cord itself.

GARNIER, *La folie à Paris, la progression crrélatve de la folie alcoolique et de la paralysie générale*, Annales d'hygiène publique et de médecine légale 1890 (3) XXIII. 5.

1. Statistics show that the number of the insane in Paris has increased in recent years in very strong proportions. the frequency of insanity having increased about 30% from 1872 to 1888.

2. Mental alienation is more common in men than in women (men 55.6%, women 38%.—General statistics of the préfecture de police).

3. The statistics of the increase of insanity for the two sexes in the triennial period, 1886-1888, is for men 59.35%; for women 40.64%.

4. Insanity considered as a whole and with regard to its monthly movement regularly attains its maximum frequency each year in June, and its manifestation or the development of the period of access, both among men as among women, seems to be favored by the influence of spring.

5. The increase of cases of mental disease in recent years is first of all shown in two types, whose frequency has increased very rapidly, alcoholic insanity and general paralysis.

6. The increase of alcoholic insanity is so rapid that its frequency is to-day twice as great as five years ago, and the commitments have increased 25% in the course of the last triennial period. It forms almost a third of the cases of mental diseases seen at the special infirmary.

7. Females have a proportional participation in this increase, and this participation tends to become greater and greater.

8. The frequency of alcoholic insanity is subject to strong monthly

variations. It does not reach its highest limit during the hottest months; its increase appears to correspond to the influence of spring, with the monthly maximum in June.

9. Observation of the delusional forms of alcoholism shows that the reactions that develop under its influence are becoming more violent from day to day and are accompanied by more attempts on the life of individuals, consequences that it is legitimate to attribute to the alcohols of commerce actually in use.

10. General paralysis, which is with alcoholic insanity the morbid form whose increase is the most rapid, comprised 12.27% of the total patients examined at the *dépôt*. In five years its frequency has more than doubled.

11. It tends to become proportionally more common among women than formerly; the relation which was five years ago, men 79.60%, women 21.39%, is to-day men, 71.17%, women 28.82%.

12. As with mental disease in general, so with alcoholic insanity, but still more than any other morbid form, the greatest number of admissions of general paralysis is in springtime. Its increased recrudescence takes place in May, and is very markedly vernal.

13. The comparison between the curves showing the simultaneous increase of alcoholic insanity and of general paralysis shows that their rapid progression is plainly correlative. In the close relationship of their course the etiological influence of alcoholism upon the development of diffuse interstitial encephalitis appears to be manifest.

DARRICARRIÈRE, *La paralysie générale dans l'armée*, Thèse de Paris, 1890 No. 61.

This thesis is a study of the statistics of general paralysis in the army during the 10 years from 1878 to 1888. To the question whether statistics carried out on all men between the ages of 35 and 55 in civil life and on soldiers of the same age—manifestly the only legitimate method of arriving at results—would be to the advantage of civil or military life, he is unable to give a satisfactory answer.

ACQUÉRIN, *Contribution à l'étude médico-légale de la paralysie générale*, Paris 1891.

In a pamphlet of 74 pages Dr. Acquerin discusses the medico-legal relations of general paralytics, especially in relation to the early or prodromal stage, which he calls, not without justice, the *période médico-légale*. As the discussions of the responsibility of paralytics and of pseudo-paralytics have special reference to the French *code pénal* and *code civil*, they have but little bearing on similar conditions arising under English and American laws. Examples are given of crimes and misdemeanors committed by general paralytics, and examples of the status of such patients in marriages, contracts, life insurance and wills.

ZACHER, *Ueber zwei Fälle von acuter Paralyse*, Allg. Zt. f. Psych. 1891 XLVIII. p. 188; Neurol. Centralbl. 1891 X. p. 68.

The author reports two cases of acutely progressing paralysis, in which the first, after a melancholic prodromal state, ran its course in less than four weeks; in the second the duration of the disease was about two and a half months. In both cases, besides a relatively slight change in the vessels and in the interstitial tissue, there was a fairly extensive and high degree of fibre atrophy. From this the author concludes that there are cases of paralysis where the fibre atrophy is the primary process in the anatomical changes.

Hertz considered that the two cases must be classed as delirium acutum, and expressed a caution against the too great extension of the